

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

In re: ROY E. FORD	§	Case No. 07-72852
JAN A. FORD	§	
	§	
Debtors	§	

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Lydia S. Meyer, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 11/21/2007.
- 2) The plan was confirmed on 04/04/2008.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C § 1329 on 01/01/1900.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was completed on 01/25/2011.
- 6) Number of months from filing or conversion to last payment: 38.
- 7) Number of months case was pending: 40.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$59,220.00.
- 10) Amount of unsecured claims discharged without full payment: \$55,816.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor	\$ 31,765.00	
Less amount refunded to debtor	\$ 359.72	
NET RECEIPTS		\$ 31,405.28

Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$ 3,500.00	
Court Costs	\$ 0.00	
Trustee Expenses & Compensation	\$ 2,204.57	
Other	\$ 0.00	
TOTAL EXPENSES OF ADMINISTRATION		\$ 5,704.57
Attorney fees paid and disclosed by debtor:	\$ 0.00	

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Interest Paid
ATTORNEY GARY C FLANDERS	Lgl	3,500.00	3,500.00	3,500.00	3,500.00	0.00
COUNTRYWIDE HOME LOANS	Sec	12,000.00	8,805.99	1,278.52	1,278.52	0.00
WACHOVIA DEALER SERVICES	Sec	5,800.00	5,692.19	5,692.19	5,692.19	426.85
AFFILIATED SURGEONS OF	Uns	230.00	231.00	231.00	71.41	0.00
CHECK INTO CASH	Uns	800.00	NA	NA	0.00	0.00
CITY OF ROCKFORD - WATER	Uns	300.00	NA	NA	0.00	0.00
COMMONWEALTH EDISON	Uns	160.00	NA	NA	0.00	0.00
US DEPARTMENT OF EDUCATION	Uns	23,000.00	25,409.87	25,409.87	7,854.29	0.00
ECMC	Uns	35,000.00	25,987.89	25,987.89	8,032.97	0.00
LAW OFFICE OF BARRICK,	Uns	160.00	NA	NA	0.00	0.00
MAYO CLINIC ROCHESTER BR	Uns	0.00	75.00	75.00	23.18	0.00
MUTUAL MANAGEMENT SERVICES	Uns	30.00	31.16	31.16	9.63	0.00
NICOR	Uns	250.00	NA	NA	0.00	0.00
PEDIATRIC CARDIOLOGY	Uns	45.00	NA	NA	0.00	0.00
REBOUND THERAPY CENTER	Uns	1,200.00	NA	NA	0.00	0.00
RMH PATHOLOGISTS, LTD	Uns	60.00	NA	NA	0.00	0.00
ROCKFORD ANETHESIOLOGIST	Uns	50.00	NA	NA	0.00	0.00
ROCKFORD BOARD OF EDUCATION	Uns	160.00	NA	NA	0.00	0.00

Scheduled Creditors:

Creditor		Claim	Claim	Claim	Principal	Interest
<u>Name</u>	<u>Class</u>	<u>Scheduled</u>	<u>Asserted</u>	<u>Allowed</u>	<u>Paid</u>	<u>Paid</u>
ROCKFORD MERCANTILE AGENCY	Uns	10.00	3,652.02	3,652.02	1,128.86	0.00
ROCKFORD HEALTH MEDICAL LAB	Uns	45.00	NA	NA	0.00	0.00
ROCKFORD HEALTH PHYSICIANS	Uns	2,000.00	607.80	607.80	187.87	0.00
ROCKFORD HEALTH SYSTEMS	Uns	6,000.00	NA	NA	0.00	0.00
ROCKFORD HEALTH SYSTEMS	Uns	2,200.00	NA	NA	0.00	0.00
ROCKFORD HEALTH SYSTEMS	Uns	2,862.00	NA	NA	0.00	0.00
ROCKFORD ORTHOPEDIC	Uns	162.00	NA	NA	0.00	0.00
ROCKFORD RADIOLOGY	Uns	20.00	NA	NA	0.00	0.00
ROCK RIVER WATER	Uns	285.00	414.49	414.49	128.12	0.00
SWEDISH AMERICAN MEDICAL	Uns	15.00	NA	NA	0.00	0.00
UNIVERSITY OF CHICAGO	Uns	1,900.00	NA	NA	0.00	0.00
JEFFREY FORD	Sec	0.00	NA	NA	0.00	0.00
MIKE LEACH	Sec	0.00	NA	NA	0.00	0.00
INTERNAL REVENUE SERVICE	Pri	0.00	663.65	663.65	663.65	0.00
INTERNAL REVENUE SERVICE	Uns	0.00	207.79	207.79	64.23	0.00
PORTFOLIO RECOVERY	Uns	0.00	122.34	122.34	37.82	0.00
MUTUAL MANAGEMENT SERVICES	Uns	0.00	327.14	327.14	101.12	0.00

Summary of Disbursements to Creditors:

	Claim Allowed	Principal Paid	Interest Paid
Secured Payments:			
Mortgage Ongoing	\$ 0.00	\$ 0.00	\$ 0.00
Mortgage Arrearage	\$ 1,278.52	\$ 1,278.52	\$ 0.00
Debt Secured by Vehicle	\$ 5,692.19	\$ 5,692.19	\$ 426.85
All Other Secured	\$ 0.00	\$ 0.00	\$ 0.00
TOTAL SECURED:	\$ 6,970.71	\$ 6,970.71	\$ 426.85
Priority Unsecured Payments:			
Domestic Support Arrearage	\$ 0.00	\$ 0.00	\$ 0.00
Domestic Support Ongoing	\$ 0.00	\$ 0.00	\$ 0.00
All Other Priority	\$ 663.65	\$ 663.65	\$ 0.00
TOTAL PRIORITY:	\$ 663.65	\$ 663.65	\$ 0.00
GENERAL UNSECURED PAYMENTS:	\$ 57,066.50	\$ 17,639.50	\$ 0.00

Disbursements:

Expenses of Administration	\$ 5,704.57	
Disbursements to Creditors	\$ 25,700.71	
TOTAL DISBURSEMENTS:		\$ 31,405.28

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Date: 04/20/2011

By: /s/ Lydia S. Meyer
Trustee

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.